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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450 on:

11/1/04
Date of Deposit

Our File No. CAL01-001-CON-US

Jonathan M. Blanchard, Ph.D.
Name

Jonathan M. Blanchard
Signature

IN THE UNITED STATES PATENT AND TRADEMARK
OFFICE

| | | |
|------------------------------------|---|---------------------------|
| In re Application of: |) | |
| |) | |
| Nancy Allbritton, et al. |) | |
| |) | |
| Serial No. 09/945,396 |) | Examiner Deborah A. Davis |
| |) | |
| Filing Date: August 30, 2001 |) | Group Art Unit No. 1641 |
| |) | |
| For: Method and Apparatus for |) | |
| Detecting Enzymatic Activity Using |) | |
| Molecules that Change |) | |
| Electrophoretic Mobility |) | |

SUPPLEMENTAL RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Non-Compliant Amendment of October 5, 2004, Applicants provide herewith a replacement AMENDMENTS TO THE CLAIMS section.

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Our File No. CAL01-001-CON-US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Nancy Allbritton, et al.

Serial No. 09/945,396

Examiner Deborah A. Davis

Filing Date: August 30, 2001

Group Art Unit No. 1641

For: Method and Apparatus for Detecting Enzymatic Activity Using Molecules that Change Electrophoretic Mobility



TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is:

- ☐ Supplemental Response
☐ No additional fee is required.

| | | | | | | Small Entity | | or | Other Than A Small Entity | |
|--|----------------------------------|---|------------------------|---------------|--|--------------|------------|----|---------------------------|--------------|
|  | Claims Remaining After Amendment |  | Highest No. Previously | Present Extra | | Rate | Addit. Fee | | Rate | Addit. Fee |
| Total | 25 | Minus | 55 | 0 | | x 9 = | \$ | | x 18 = | \$ 0 |
| Indep. | 1 | Minus | 10 | 0 | | x 42 = | \$ | | x 86 = | \$ 0 |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claim | | | | | | | x 140 = | \$ | | x 290 = \$ 0 |
| Total Additional Fee | | | | | | | \$ | | Total | \$ 0 |

- ☒ The Commissioner is hereby authorized to charge any fees associated with this communication not covered by check or credit card payment or credit any overpayment to Deposit Account No. 50-3123. A duplicate copy of this sheet is attached.

Respectfully submitted,

Jonathan M. Blanchard, Ph.D.
Registration No. 48,927

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(312) 876-1400